

PAGE	1	OF	3
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Educators for Ohio	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00624056 </div>
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Check if ☐ 24-hour report ☒ 48-hour report ➤ ☒ New report ☐ Amends report filed on MM / DD / YYYY

Full Name of Payee JVA Campaigns		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 07 / 2016</div> </div>	
Mailing Address 240 N 5th St #360		Amount <div> <div>Amount</div> <div>3800.00</div> </div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : SE.4151 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 07 / 2016</div> </div>
Purpose of Expenditure Canvass Mailer- Lessons		Category/ Type 006	
Name of Federal Candidate TRUMP, DONALD , , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
District: _____ State: <u>OH</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>3800.00</div> </div>	

Full Name of Payee JVA Campaigns		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 07 / 2016</div> </div>	
Mailing Address 240 N 5th St #360		Amount <div> <div>Amount</div> <div>19456.73</div> </div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : SE.4152 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 04 / 2016</div> </div>
Purpose of Expenditure Mailer- Cut Funding	Category/ Type	006	
Name of Federal Candidate TRUMP, DONALD , , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>46298.31</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....		23256.73
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Allen, Gary, , ,

[Electronically Filed]

Date _____

Signature

MM / DD / YYYY